

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6125

1. PLACE OF DEATH *4 Lafayette Ave*
 County *Lafayette* Registration District No. *454*
 Township *North Middleton* Primary Registration District No. *5620A*
 City *Blackburn* (No. _____) St. _____ Ward _____

File No. _____
 Registered No. *2*
 St. _____ Ward _____

2. FULL NAME *Katherine (Windler) Cook*
 (a) Residence. No. *Blackburn* St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *37* yrs. *8* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wife of Herman Cook*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 27 - 1865*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 5 12
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Housewife*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Plymouth*
 (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Dick Windler*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 12. MAIDEN NAME OF MOTHER *Windler*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

14. INFORMANT *Bertie Cook* John _____
 (Address) *Blackburn Mo*

15. FILED *2-9-1931* *J. G. W. Fischer*
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-8-1931* 19

17. I HEREBY CERTIFY, That I attended deceased from *2:00* *11*, 1931, to *7:00* *8*, 1931, that I last saw him alive on *Feb 7*, 1931, and that death occurred, on the date stated above, at *9* *0* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6.15 Cerebral hemorrhage
15 1/2 hr (duration) yrs. mos. *3* ds.
 CONTRIBUTORY (SECONDARY) *Myocardium with*
symovitis (duration) yrs. *3* mos. ds.

18. WHERE WAS DISEASE CONTRACTED *W. W.*
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Microscopic*
 (Signed) *E. M. Schant*, M. D.
Feb 9, 1931 (Address) *Blackburn Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Blackburn Cemetery* DATE OF BURIAL *2-10-1931*

20. UNDERTAKER *Hager Meinhager & Higgins*
 ADDRESS _____

